

**EXHIBIT - O**

AGENT

ASSOCIATED NY INS AGCS  
2 CAMPION ROAD  
NEW HARTFORD NY 13413

01157

**TRAVELERS** 

This envelope includes:

- Your auto change policy
- Your auto insurance identification card(s)

JANE A HALBRITTER  
8231 BAY COLONY DR  
NAPLES FL 34108

Dear Policyholder:

Your New York State Insurance Identification Cards are enclosed. Your automobile insurance card indicates that your policy provides at least the minimum coverage required by law.

If you are ever involved in an accident, you should report it to your agent or a Travelers claim office as soon as possible. Each ID card contains the information you will need, including the telephone numbers for reaching the nearest Travelers claim office, when reporting an accident or claim. But only use these numbers to report accident claims. Call your Travelers agent for all other insurance matters.

If you suspect FRAUD on any policy or claim, call Travelers 24-hour hotline (800)-6-FRAUD-0. Help us fight fraud.

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### NEW YORK ID CARD IMPORTANT NOTICE

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New York Part 32 Regulation, Section 32.12(b) requires Insurers to provide the following important insurance information for Policyholders:

- Financial security (insurance) shall be maintained without interruption during the entire registration period regardless of whether the vehicle is driven.
- License plates must be surrendered before insurance is cancelled or suspended without exception. This is in compliance with NYS law. Surrendering license plates before cancellation of insurance will prevent communications from DMV based on cancellation that insurers are required by law to report to DMV.
- Policyholders moving from NYS must coordinate the surrender of NYS license plates and cancellation of a NYS insurance policy with obtaining a new registration and insurance policy in another State. Again, this will prevent DMV communications based on cancellation reported by insurers.
- Insurers must provide policyholders with at least two identical ID cards for each vehicle insured. ID cards represent that insurance is provided for the named insured and the described vehicle, as applicable, as of the effective date shown thereon.


**TRAVELERS**

## AUTOMOBILE POLICY DECLARATIONS

### 1. Named Insured

JANE A HALBRITTER  
8231 BAY COLONY DR  
NAPLES FL 34108

### Your Agency's Name and Address

ASSOCIATED NY INS AGCS  
2 CAMPION ROAD  
NEW HARTFORD NY 13413

Your Policy Number : 978883442 101 2  
Your Account Number: B00544283

For Policy Service Call 315-768-7900  
For Claim Service Call 1-800-CLAIM33

### 2. This is change number 1, which is effective November 16, 2007.

- \* This change causes no additional or return premium for the policy period.
- \* The policy period is from June 7, 2007 to December 7, 2007.
- \* Your address has been changed.
- \* These declarations replace all prior automobile policy declarations on the date on which this change is effective.

### 3. Your Vehicles

### Identification Numbers

1 2006 BMW 650 CIC

WBAEK134X6CN76140

### 4. Coverages, Limits of Liability and Premiums

Insurance is provided only where a premium is shown for the coverage.

1

06 BMW  
650 CIC

A	- Bodily Injury	
	\$250,000 each person \$500,000 each accident	\$ 80
B	- Property Damage	
	\$100,000 each accident	60
C	- Medical Payments	
	\$10,000 each person	3
D	- Supplementary Uninsured/ Underinsured Motorists	
	\$100,000 each person	23
	\$300,000 each accident	
	See Endorsement A31042	
	See Important Message	
E	- Collision	
	Actual Cash Value less	239
	\$1,000 deductible	



**Named Insured:** JANE A HALBRITTER  
**Policy Number:** 978883442 101 2  
**Policy Period:** June 7, 2007 to December 7, 2007.  
**Issued On:** November 18, 2007

## 5. Information Used to Rate Your Policy (continued)

### Discounts Included in Your Premium

Anti Theft	06 BMW 650 CIC
Anti Lock Brake	06 BMW 650 CIC
Passive Restraint	06 BMW 650 CIC
Multiple Cars	
Account Discount	

### Surcharges Included in Your Premium

Accidents and/or Traffic Violations Listed Below:

Accidents	08/25/05 JANE
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Drivers	Date of Birth	Sex	Marital Status
JANE	07-22-52	Female	Single
GEORGE	08-28-87	Male	Single

  

Vehicles	Use of Vehicle	Class Code	Location of Vehicle
06 BMW 650 CIC	Pleasure	5401	ROME NY

It is important that the above information is correct to ensure that your policy is properly rated. If there are errors or changes to this information, please notify your Travelers representative immediately.

## 6. Other Information

### Loss Payees

06 BMW 650 CIC  
 VIN # WBAEK134X6CN76140

FINANCIAL SERV VEH TRUST  
 INS SERV CNTR PO BOX 390902  
 MINNEAPOLIS, MN 55439


**TRAVELERS**

**Named Insured:** JANE A HALBRITTER  
**Policy Number:** 978883442 101 2  
**Policy Period:** June 7, 2007 to December 7, 2007.  
**Issued On:** November 18, 2007

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### FOR YOUR INFORMATION (continued)

Because you have purchased Rental Reimbursement Coverage, your Comprehensive Coverage has been broadened. We will now pay up to \$30 a day, to a maximum of \$900, for transportation expenses if your insured car is stolen.

Based on your selection of available No Fault coverages and options, here is a summary of your No Fault protection.

	Coverage Limit	Premium
Mandatory Basic Economic Loss	\$ 50,000	\$ 36
Optional Basic Economic Loss	\$ 25,000	\$ 5
Additional Personal Injury Protection	\$100,000	\$ 12
Aggregate No Fault Benefits Available	\$175,000	\$ 53
Maximum Monthly Work Loss	\$ 4,000	\$ INCL
Other Necessary Expenses (per day)	\$ 50	\$ INCL
Death Benefit	\$ 2,000	\$ INCL

If you want information on discounts available in New York, or want to know the circumstances under which you may remove surcharges from your policy and receive a refund, refer to the Rating Information form we send you each year, or contact your Travelers representative.

Your policy covers bodily injury to an insured's spouse under Coverage A (bodily injury) where an insured spouse becomes liable because of the death of or injury to his or her spouse, even where the injured spouse must prove the culpable conduct of the insured spouse. This applies only to motor vehicle liability insurance policies that satisfy the requirements of Article 6 of the New York Vehicle and Traffic law.



## AUTOMOBILE POLICY DECLARATIONS

### 1. Named Insured

JANE A HALBRITTER  
8231 BAY COLONY DR  
NAPLES FL 341083424

### Your Agency's Name and Address

ASSOCIATED NY INS AGCS  
2 CAMPION ROAD  
NEW HARTFORD NY 13413

Your Policy Number : 975303380 101 2  
Your Account Number: B00542960

For Policy Service Call 315-768-7900  
For Claim Service Call 1-800-CLAIM33

### 2. This is change number 1, which is effective November 16, 2007.

- \* This change causes no additional or return premium for the policy period.
- \* The policy period is from August 15, 2007 to February 15, 2008.
- \* Your address has been changed.
- \* These declarations replace all prior automobile policy declarations on the date on which this change is effective.

### 3. Your Vehicles

### Identification Numbers

1	1999 PORSE BOXSTER	WPOCA2985XU627908
2	2004 FORD EXPEDITION	1FMFU18L04LA07534
3	2006 RANGE RANGE ROVE	SALSF25496A921031

### 4. Coverages, Limits of Liability and Premiums

Insurance is provided only where a premium is shown for the coverage.

	1	2	3
	99 PORSE BOXSTER	04 FORD EXPEDITION	06 RANGE RANGE ROVE
A - Bodily Injury \$250,000 each person \$500,000 each accident	\$ 69	\$ 253	\$ 107
B - Property Damage \$100,000 each accident	51	193	80
C - Medical Payments \$10,000 each person	1	7	4
D - Supplementary Uninsured/ Underinsured Motorists \$100,000 each person \$300,000 each accident See Endorsement A31042 See Important Message	23	23	23
E - Collision Actual Cash Value less \$1,000 deductible	88	305	231



**Named Insured:** JANE A HALBRITTER  
**Policy Number:** 975303380 101 2  
**Policy Period:** August 15, 2007 to February 15, 2008.  
**Issued On:** November 18, 2007

## 5. Information Used to Rate Your Policy (continued)

### Discounts Included in Your Premium

Anti Theft	99 PORSE BOXSTER	04 FORD EXPEDITION	06 RANGE RANGE ROVE
Anti Lock Brake	99 PORSE BOXSTER	04 FORD EXPEDITION	06 RANGE RANGE ROVE
Passive Restraint	99 PORSE BOXSTER	04 FORD EXPEDITION	06 RANGE RANGE ROVE
Multiple Cars			
Account Discount			

### Surcharges Included in Your Premium

Accidents and/or Traffic Violations Listed Below:

Accidents	08/25/05 JANE		
<b>Drivers</b>	<b>Date of Birth</b>	<b>Sex</b>	<b>Marital Status</b>
JANE	07-22-52	Female	Single
GEORGE	08-28-87	Male	Single
<b>Vehicles</b>	<b>Use of Vehicle</b>	<b>Class Code</b>	<b>Location of Vehicle</b>
99 PORSE BOXSTER	Pleasure	5951	ROME NY
04 FORD EXPEDITION	Pleasure	4834	ROME NY
06 RANGE RANGE ROVE	Pleasure	3401	ROME NY

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## 6. Other Information

### Loss Payees

06 RANGE RANGE ROVE  
 VIN # SALSF25496A921031

U S BANK  
 PO BOX 537  
 AMELIA, OH 451020537


**TRAVELERS**

**Named Insured:** JANE A HALBRITTER  
**Policy Number:** 975303380 101 2  
**Policy Period:** August 15, 2007 to February 15, 2008.  
**Issued On:** November 18, 2007

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### FOR YOUR INFORMATION (continued)

Based on your selection of available No Fault coverages and options, here is a summary of your No Fault protection.

	Coverage Limit	Premium
Mandatory Basic Economic Loss	\$ 50,000	\$ 228
Optional Basic Economic Loss	\$ 25,000	\$ 15
Additional Personal Injury Protection	\$ 25,000	\$ 18
Aggregate No Fault Benefits Available	\$100,000	\$ 261
Maximum Monthly Work Loss	\$ 2,500	\$ INCL
Other Necessary Expenses (per day)	\$ 50	\$ INCL
Death Benefit	\$ 2,000	\$ INCL

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1

06 BMW  
650 CIC

A	- Bodily Injury \$250,000 each person \$500,000 each accident	\$ 76
B	- Property Damage \$100,000 each accident	57
C	- Medical Payments \$10,000 each person	2
D	- Supplementary Uninsured/ Underinsured Motorists \$100,000 each person \$300,000 each accident See Endorsement A31042 See Important Message	23
E	- Collision Actual Cash Value less \$1,000 deductible	225



**Named Insured:** JANE A HALBRITTER  
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### Loss Payees

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VIN # WBAEK134X6CN76140	INS SERV CNTR PO BOX 390902
	MINNEAPOLIS, MN 55439



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**TRAVELERS**DE ANGELO AGENCY INC  
2 CAMPION RD  
NEW HARTFORD NY 13413

00446 -R1

Date of this Notice

11/21/07

Account No. 7274A4122

CP 01 6640 66640LK0 07324 00446 P1

JANE A HALBRITTER  
100 GARDEN ST  
ROME NY 13440Please contact your agent  
with any questions, future  
policy changes and all  
address changes.DE ANGELO AGENCY INC  
(315) 768-7900

Insuring Company: THE TRAVELERS INDEMNITY COMPANY

## REINSTATEMENT NOTICE

We are pleased to tell you that your policy has been reinstated.

POLICYHOLDER	POLICY IDENTIFICATION NUMBER
JANE A HALBRITTER	2323Y21A CUP
TYPE OF INSURANCE	POLICY PERIOD
Umbrella Policy	10/15/07 To 10/15/08

Receipt of funds dishonored upon presentment is not a valid means of reinstatement. Reinstatement will only occur when all conditions have been met. If these conditions have not been met the reinstatement will be null and void.

648826R 2007325 6485 208 OXJ940

CLDBREIN

AGENT

ASSOCIATED NY INS AGCS  
2 CAMPION ROAD  
NEW HARTFORD NY 13413

00272

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